MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/936460	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		⌀					53							
4		⌀					54							
5		⌀					55							
6		⌀					56							
7		⌀					57							
8		⌀					58							
9		⌀					59							
10		⌀					60							
11		⌀					61							
12		⌀					62							
13		⌀					63							
14		⌀					64							
15		⌀					65							
16		⌀					66							
17		⌀					67							
18		⌀					68							
19		⌀					69							
20		⌀					70							
21		⌀					71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29				/			79							
30				/			80							
31				/			81							
32				/			82							
33				/			83							
34				/			84							
35				/			85							
36				/			86							
37				/			87							
38				/			88							
39				/			89							
40			/				90							
41				/			91							
42				/			92							
43			/				93							
44			/				94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		4				TOTAL IND.							
TOTAL DEP.	20		19				TOTAL DEP.							
TOTAL CLAIMS	24		23				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS